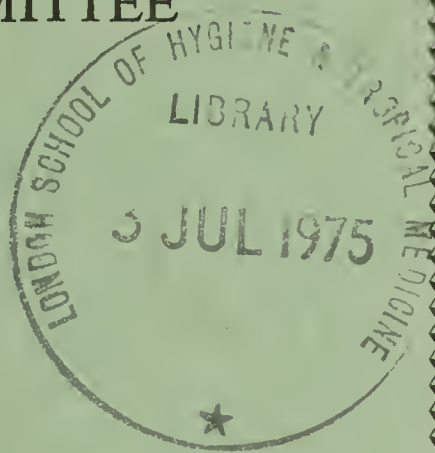


AC. 44187  
CITY OF WORCESTER

EDUCATION COMMITTEE



# Annual Report

upon the

## School Health Service

for the Years


1969 and 1970

By

G. M. O'DONNELL, B.A., M.B., D.P.H.

*Principal School Medical Officer*





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HANGING DAY AT MOOR STREET GALLERY

CITY OF WORCESTER

EDUCATION COMMITTEE



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## THE EDUCATION COMMITTEE

1970

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*Vice-Chairman :* ALDERMAN JOHN WILLIAM BLACKMAN.

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REV. K. KEANEY  
MR. E. G. PEIRSON  
MRS. N. D. M. WILLIS  
MRS. G. T. J. CHANCE

# STAFF OF THE SCHOOL HEALTH SERVICE

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## *Principal School Medical Officer :*

G. M. O'DONNELL, M.A., M.B., D.P.H.

## *Deputy Principal School Medical Officer :*

J. T. ROBERTS, M.B., B.S., D.P.H.

(resigned 29th November, 1970)

DOUGLAS G. SNELL, M.B., B.S., D.P.H.

(from 1st December, 1970)

## *School Medical Officers :*

DOUGLAS G. SNELL, M.B., B.S., D.P.H.

(to 30th November, 1970)

BARBARA A. CROFT, M.B., B.S., L.R.C.P., M.R.C.S.

(from 30th March, 1970)

## *Child Psychiatrist :*

T. K. MACLACHLAN, M.B., M.R.C.P.E., D.P.M.

(Consultant, Birmingham Regional Hospital Board)

## *Educational Psychologist :*

W. G. K. RUBERY, B.Sc.

## *Social Worker :*

MRS. E. M. BUDDEN.

## *Principal School Dental Officer :*

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

## *Senior Dental Officer :*

K. A. FELLOWS, L.D.S.

## *Dental Officers (Part-time) :*

MRS. B. SAVAGE, B.D.S.

R. WEBLEY, L.D.S.

## *Dental Anaesthetists (Part-time) :*

H. HARVEY, M.D., M.B., B.S., D.A.

W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

## *Dental Surgery Assistants :*

MRS. R. J. YOUNG.

MISS M. PARTRIDGE.

MRS. L. A. DOVEY (Part-time)

*Remedial Gymnast :*

MRS. H. J. NEWTON

*Speech Therapists :*

MISS G. OGDEN (resigned 31st August, 1970)

MRS. P. E. WYATT (resigned 21st August, 1970)

MISS J. M. DALRYMPLE (from 28th September, 1970)

MISS M. LLOYD-DAVIES (from 28th September, 1970)

*Chief Nursing Officer and Non-Medical Supervisor of Midwives :*

MISS O. KEYWOOD

*Deputy Principal Nursing Officer and Deputy Non-Medical Supervisor of Midwives :*

MRS. E. S. SMITH (resigned 10th September, 1970)

*Group Adviser Health Visitor :*

MRS. M. SMITH (from 1st September, 1970)

*Health Visitors/School Nurses :*

MRS. U. M. AUSTIN

MRS. S. H. BONWICK

MRS. C. E. CHRISTOPHER

MISS J. M. DEWEY (from 9th September, 1970)

MRS. M. HEATON

MISS P. D. HIGGINS

MRS. M. HOLMES

MISS G. E. MAYES (from 1st October, 1970)

MRS. B. W. NELSON (Part-time, from 13th July, 1970)

MISS A. M. G. PAKINGTON (from 1st October, 1970)

MRS. P. A. SHUKER

MISS J. M. TEECE

*School Nurses :*

MRS. M. L. HAYTON

MRS. S. E. HAWKESFORD

*Chiropodists (Part-time) :*

MRS. M. R. GILBERT.

MISS J. E. PRICE.

MR. N. GILBERT

*Senior Clerk :*

MRS. D. EASTBURN (resigned 31st August, 1970)

MISS J. LANGLEY (from 24th August, 1970)

*Clerks :*

MISS D. M. ASH (from 9th March, 1970)

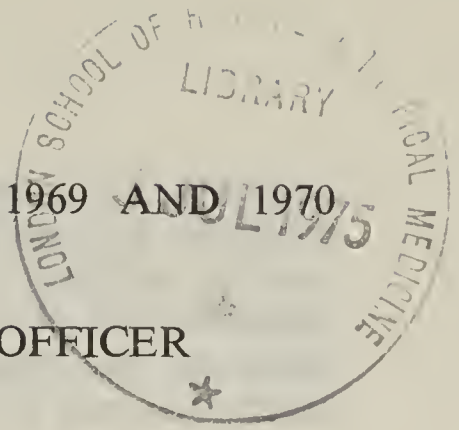
MISS S. HILL (from 7th September, 1970)

MISS L. M. PENN



ANNUAL REPORT FOR THE YEARS 1969 AND 1970  
OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER

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*To the Education Committee of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

I am well aware that the people of Worcester bore with unaffected stoicism the absence of the Annual School Health Report in 1969, but doubtless this was partly due to the anticipation of a double helping in 1970. To those aggrieved at this departure from customary practice I can only plead a sychophantic deference to the example of the Department of Education and Science who also publish biennially.

Perhaps the delay is also attributable in some measure to a gentle melancholy. It is always inadvisable to look back into the past, but like all school doctors I had at one time to study the social history of Victorian times and in particular, the tragic effects on children of the Industrial Revolution and life in the slums. The reformers of those days wrote despairingly of the misery that resulted and of the drug taking, promiscuity, venereal disease, incest, illegitimacy, illiteracy and child marriage which were rife. It is sad to think that so many of these evils are current today and are often a matter of choice rather than circumstance. Perhaps these issues are of less immediate importance in Worcester than in the more heavily populated areas of the country, as relatively few of our young people are involved, but there are enough to show that even in a place so singularly blessed in its surroundings and amenities, the future is disquieting. It seems to me that in the turmoil of public discussion on these and relative issues, there is little attention paid to the one great asset of which so many young people are being robbed — namely, youth itself. It is not by chance that nearly all our great writers hark back to that indeterminate period between child and manhood, the age of innocence, the garden between dawn and sunrise. Even the most insensitive of adults can recall with affection that time of questioning and delight when anticipation seemed more important than discovery and the instinct for unhappiness not yet fully developed. But today, young people are encouraged to seek the worries and complexities of adult life even before they leave school and many pass this stage without ever really

enjoying the genuine freedoms of youth which can never be recalled. It is difficult for the young to weigh the advice they receive, difficult for an immature mind to contain the importunities of a vigorous body, and most difficult to all to postpone the pleasures of adult life until its burdens and deceptions can be met with greater assurance.

Youth is eroded in other ways. The pressure of exams, the urgent need of qualifications, the fear of unemployment on leaving school, are all inescapable factors in our way of life. The breakdown of family life and unity is becoming more common. Games, which were once a diversion, can become to the more gifted a form of juvenile torment in which youth is traded for future acclaim, while well meaning efforts are often made urging young people to take on further responsibilities.

Youth in the service of this and that noble cause has a grand ring to it and warms the middle aged heart and eases the middle aged pocket. Indeed, in moderation there is much to commend it, but perhaps the greatest service we can do for our young people is to try and preserve their early years as a time of gradual development in mind and strength and as a store of relative happiness on which they can draw in the bleak years ahead.

However, despite the content of my introductory remarks, there is also much in which we can take pleasure and this at least derives from fact rather than speculation. Our school children are undoubtedly in good health and no one can deny the standards of physical perfection with which the majority are blessed.

With the assistance of Dr. Aldridge, Consultant Paediatrician, we have started a Comprehensive Assessment Centre at the School Clinic, which is within easy reach of the Infirmary, and where we are able to assemble an impressive grouping of medical, paramedical and educational talent to weigh the capabilities and determine the future help needed by children requiring special investigation or care. This Centre works most admirably and we are all grateful to Dr. Aldridge for the very real interest he has shown in this venture.

At the same time I must with regret draw the Committee's attention to the retirement of Dr. J. J. Graham, who for many years was Director of the Child Guidance Clinic, and whose valued kindness and good sense gave us one of the finest services for maladjusted or disturbed children in the country.



It is not often that professional excellence is coupled with good humour and a ready wit, and for this Dr. Graham's departure is a sad affair for all his colleagues. All of us in the School Health Service wish him and Mrs. Graham, who also at one time worked so closely with us, every happiness in the years ahead.

Finally, I should like to thank the Chairman and Members of the Primary and Secondary Education Sub-Committee for the unfailing support evinced to us during the year. The Director of Education, Mr. T. A. Ireland, and his staff are always most helpful and afford us each year fresh indications of that corporate generosity of purpose on which I have remarked in previous years. I am grateful to the staff of the School Health Service for the good humour and patience which they always show. They work very hard and their concern for our children is exemplary.

I am sorry to report that Dr. J. T. Roberts, Deputy Principal School Medical Officer, left us in 1970, to take up an appointment in Birkenhead. He leaves with the very good wishes of his colleagues and their appreciation of the very conscientious work which he undertook in the City. He is succeeded by Dr. Douglas Snell, who for some years has been a Medical Officer in Department, and is already well known to our school children. Dr. Snell had a distinguished career in the Colonial Medical Service and so is well equipped to meet the vagaries of reorganisation and disorganisation that the health services must encounter in the years ahead. I am particularly grateful to him for his aid in the compilation of this report.

Yours faithfully,

G. M. O' DONNELL,

*Principal School Medical Officer.*



## ELEVEN PLUS

Advisable it well may be  
For those who reach maturity  
At early age, to take the pill  
And afterwards do what they will.  
Never to reap, always to sow  
With none to let the parents know.

And if perhaps it all goes wrong  
Abortion ends Love's own sweet song.  
No need to feel the least distress  
A steady boy friend's worth the mess.  
Child's life for child attests the cynic  
There's no such nonsense at the Clinic.

School doctors must assiduously  
Measure the new virility.  
Teachers discuss the coming heats  
Cheer on the budding sex athletes.  
While parents voiceless on the fence  
Witness the end of innocence.

Caligua.

1 9 7 0

## PHYSICAL CONDITION OF PUPILS

Once again we can comment with pleasure on the excellent standard of health of Worcester children. This is apparent to even the most casual observer and it is a consolation to us that they will emerge from our schools robust in physique and cultivated in mind, to encounter whatever unimaginable horrors the world has in store for them. At times one wonders what virtue there is in this assurance of strength and vigour as so few find jobs in which these are attributes or pursue leisure activities in which they can be maintained. Certainly it is interesting to speculate on their staying power. When one thinks of so many people today, products of the tough and largely uncaring school system of Edwardian times, who have managed to live well into the eighties and indeed, the nineties, what fantastic prodigies of survival will be achieved by our carefully nurtured and cossetted progeny.

## ROUTINE SERVICES

### Medical Examinations :

The ability to effectively examine large numbers of seemingly healthy children calls for a nice blend of observation, experience and stamina. On the one hand it is necessary to make certain that in the midst of all the detail a serious defect does not escape notice, while on the other hand each inspection yields its inevitable crop of minor conditions. Carious teeth, poor posture, bunions and warts, dispirited tonsils, catarrh, hay fever, migraine, still occur frequently, while the numberless advances in therapy have not recognisably improved the incidence or treatment of asthma.

The doctor carrying out the examination must also be concerned with the child's progress at school, with the possibility of maladjustment or retarded intelligence, or even one of those curious neurological impediments which delay reading or deform speech.

In all of these the doctor has three allies, the teacher, the parent and the school nurse, all of whom supply basic information necessary for an overall assessment of the child's progress. In this connection it is a tribute to the parents that such a high proportion attend these examinations, even those of school leavers.

Some years ago a criticism was made of the School Health Service throughout the country that the records kept at routine examinations and subsequently, were inadequate and at times incomprehensible. There may or may not have been justification for this complaint, but it was certainly taken to heart. Nowadays not only our own records, but those coming to us from outside, are exhaustive in every respect and an ability to extract the essential content from a welter of documentation is the School Medical Officer's most useful accomplishment.

During the course of the year 2,701 pupils received a full medical examination and of these, 567 required treatment for conditions other than dental disease and infestation. To this must be added a further 2,306 re-inspections or special inspections.



	1966	1967	1968	1969	1970
Pupils Inspected ...	2,390	2,522	2,772	2,628	2,701
Unsatisfactory ...	19	16	18	20	19
Percentage Unsatisfactory	0.80	0.63	0.65	0.76	0.70

### School Hygiene :

As the number of old schools steadily decreases and more and more pleasure domes arise to confound the ratepayer and astound the sceptic, the problem of school hygiene correspondingly diminishes. Excellent kitchens, cheerful classrooms, well lighted corridors, superbly ventilated W.C.s and well-designed furniture, all combine to create an environment conducive to health and wellbeing inimical to disease. Only that peculiarly evasive and ill-intentioned virus responsible for plantar warts and that more distinguished complaint, plantar verrucae, is oblivious to these improvements, and each year the procession of the afflicted wends its way to the School Chiropody Service.

Like all other well established minor illnesses ,we know very little about this condition and controlled investigation into its mode of spread is extremely difficult. However, it is not due, as was once suspected, to digging with the wrong foot, Needless to say, our teachers give us all the help they can and even more potent disinfectants are used with unfailing regularity.

### Schooy Dental Service :

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports :

The output of work was comparable to the previous year. The extraction figures are still very high which is due to patients who refuse treatment or fail to attend for preventive treatment when summoned, being overtaken by pain. Many emergencies are patients who cannot get an urgent appointment with their own dentist.

The improvement in staffing has begun to show on the school inspections. This year nearly twice as many children were inspected compared to 1969.

These inspections were concentrated on the infant and junior schools which have now been seen twice in quick succession, thereby reducing the amount of work found necessary. It is hoped that this improvement will continue so that we shall eventually get back to annual inspections.

### **Defects of Vision :**

Eyesight is tested at the ages of 5, 8, 11 and 14 years, and if there is any doubt about the child's vision, more frequent tests are carried out by the school nurses. Those with a defect are referred to the Eye Hospital where a special clinic for school children at which a school nurse is present, is held every week. Three Keystone Vision Screeners are used for eye testing and although the name may evoke fanciful memories amongst devotees of silent films, these instruments have given excellent service and help to maintain our image as a modern, efficient, technically inclined service amongst our youthful clientele.

720 children were seen at the Eye Clinic in 1970 and spectacles were provided for 358.

### **Defects of Ear, Nose and Throat :**

A routine sweep testing with the pure tone audiometer was carried out on 1,324 school entrants. The standard used is lack of response by the child to any one frequency over 20 decibels. A child who fails this test is referred for a threshold test of hearing. If this examination shows a hearing loss the child is referred to the School Medical Officer for confirmation and exclusion of simple causes of deafness such as respiratory infection or wax in the ears, before referral to the hospital Ear, Nose and Throat Clinic.

The result of the sweep testing is as follows :

Year	Entrants Examined	Number referred for Threshold Hearing Testing	Ear Nose and Throat Clinic
1970	1,324	536	19
1969	1,200	292	18
1968	1,524	143	24



During the year 17 children were provided with hearing aids.

I am indebted to Mr. R. Walsh, Peripatetic Teacher of the Partially Hearing, for the following report on his work :

During the year a further 17 children of school age, and 1 pre-school child were issued with hearing aids. This makes a total of 69 children of school age and 4 pre-school children now using hearing aids.

All children of 7 years and over have now been issued with the new O L 67 Head worn aid. As children reached their 7th birthday and were considered suitable users, their old body worn aids (O L 56) were replaced. This involved, in the majority of cases, home visits, often in the evening, when parents were available — to fit the aid, give instructions in its use, care etc. Every child with the old O.L. 56 was elated to have the new O.L. 67 and felt it was a great honour to be the proud possessor of such a wonderful instrument which now released so many “pressures”.

During the year, due to further observations and testing, numerous children were found to be suffering from varying degrees of partial deafness — again catarrh appeared to be the main cause. Many have now a slight permanent loss, while the remainder have a fluctuating loss. It was interesting to note the numbers of non-aural hearing cases that were found : these show an increase and point to several interesting contributory factors. These children who have some partial loss, but not sufficient enough to require the use of a hearing aid, all require special arrangements within the classroom and may require help at various times of the year, now total 281.

Due to fluctuation, all these children, together with the classified Partially Hearing are assessed at the commencement of every term. This also often entails detailed discussions with both Heads and class teachers; while these assessments are being carried out the normal pre-school teaching programme must continue, and every term the assessment time, prior to drawing up the term's timetable for help to pupils in need, is taking longer. I feel that extra help must be forthcoming if all those in need are to benefit and progress.

During the year one child was transferred to Needwood School, Burton-on-Trent — where full time deaf education would be beneficial. This child is now making satisfactory progress. Another profoundly deaf child of pre-school age has progressed so well that application for Summerfield House, Malvern, has been put forward.



The four pre-school children over the year have been constantly encroaching on other pupils' time due to their needs and on average 20 school children have been receiving weekly help and attention.

Another Speech Training Unit has been purchased by the Committee and there are now two on permanent loan to pre-school parents.

During the year many children were tested at the request of G.P.s, Health Visitors, anxious parents, teachers and those also referred from routine medical inspections. These tests have been carried out either in the schools, in the home, or at the School Clinic. The number of these are increasingly annually.

Most children are responding well and progressing satisfactory with auditory training. Some, due to this and other factors, have done so well that their hearing is now almost within normal limits, that they have been de-ascertained.

My thanks to all the School Heads and staff who so readily give up their valuable time to discuss those children who are in their care and do so much to understand the problems involved.

Also my thanks to the School Doctors and Nurses who keep a very watchful eye and interest in the progress and well being of these handicapped children. Also the Health Visitors who arrange the interviews, visits etc, and are so aware of the problem.

I would like to thank Mr. T. S. Stewart (Otologist), Worcester Royal Infirmary, for his tireless help, expert advice and great kindness to all these handicapped children. Also the staff of the Hearing Aid Department, who never seem to be able to say "NO" to my many varied requests and always find time to enquire about my many "stars" — although at times there may be only a flicker.

### **Medical Examinations of Teaching Staff**

During the year 65 candidates for Teachers Training Colleges and 8 teachers about to take up their duties, were examined by the Medical Officers.

### **Employment of School Children :**

The majority of children undertaking part-time work of this nature are engaged in the delivery of newspapers or in shops, but in accordance with bye-laws a medical examination is necessary before they are employed. During 1970, 198 children were assessed for fitness for employment.

## PREVENTION AND TREATMENT

### Vaccination and Immunisation

For some years we have been able to achieve a very high rate of vaccination and immunisation, our figures being considerably in advance of the national average, and it is pleasant to record that this favourable position has been maintained during 1970.

(i) Smallpox

During the year 1,113 schoolchildren were revaccinated against smallpox, while 10 children of school age received primary vaccination.

(ii) Diphtheria, Tetanus, Poliomyelitis

Revaccinations :

	Children born between 1963 - 1966	All other children under 16 years
Diphtheria	1,243	25
Tetanus	1,261	840
Poliomyelitis	1,183	861

Primary Vaccination :

Diphtheria	61	10
Tetanus	77	69
Poliomyelitis	74	23

(iii) Measles

	Children born between 1963 - 1966	All other children under 16 years
	230	13

(iv) Rubella (German Measles)

In July, the Department of Health and Social Security recommended that vaccination against Rubella be offered to all girls between their 11th and 14th birthdays, priority being given to those aged 13. Accordingly this work was commenced in the Autumn Term, the number of vaccinations being as follows :

Children born :	1955	1956	1957	1958	Total
	1	46	213	51	311

### B.C.G. Vaccination

Protection against tuberculosis by means of B.C.G. vaccination is offered to school children during their thirteenth year of age. Preliminary Heaf testing disclosed that 17.7% of the children were tuberculin positive and therefore did not require vaccination. Those children who were absent from school at the time of the testing or vaccination were offered a further opportunity to receive protection by attending the School Clinic during the holiday period. The results of B.C.G. vaccination are as follows :

	Maintained Schools	Non- Maintained Schools	TOTAL
Number Heaf tested	996	285	1,281
Number found positive	158	59	217
Percentage positive	16.58%	21.61%	17.70%
Number found negative	795	214	1,009
Number vaccinated	793	209	1,002
Number not vaccinated	2	5	7
Number Heaf tested but not read	43	12	55

### Remedial Exercises

Mrs. H. J. Newton, Remedial Gymnast, reports as follows :

The past year brought a considerable rise in the number of children referred for treatment. The majority of these came through the routine medical inspections in schools, but some were referred by the local general practitioners and the orthopaedic clinics at Worcester Royal Infirmary. Parents and school staff have also asked for advice over children.

A total of 753 children therefore received remedial exercises during 1970, of which 295 were referrals and 182 were discharged.

The conditions treated in the Primary and Secondary schools continue to be mainly habitual or structural postural defects, with a few children receiving breathing exercises for respiratory defects.

As the only Remedial Gymnast to cover the 30 Worcester City schools, I have found the provision of beneficial treatment for all the children understandably rather difficult. Fortnightly group sessions are carried out, and as all conditions have to be seen at the same time, it is continually impressed upon the children that their own particular exercises must be continued at home for them to achieve any improvement.

With this in mind a number of parents were again given an opportunity to attend remedial classes so that they could help their children and appreciate the need for regular practising of the exercises.



Some children were also seen with their parents at the School Clinic, to encourage interest in the furtherance of their treatment at home.

The number of children requiring special treatment also increased so that by the end of the year 22 children were being seen individually for conditions including spasticity, hemiplegia, spina bifida, cystic fibrosis and asthma. Regrettably all of these needed more regular help than I was able to give in the time available.

Once again I should like to convey my thanks to all the schools for their continued help and co-operation during my visits.

### **Ultra Violet Light Therapy :**

Ultra Violet Light Therapy is given during the Spring and Autumn terms at Rose Hill School if recommended by the School Medical Officer. 67 children attended these sessions during 1970.

### **Chiropody :**

166 children were treated at the Chiropody Clinic during the year. This is held at the new Moor Street Clinic where there are excellent facilities. Miss J. E. Price, Mrs. M. R. Gilbert and Mr. N. Gilbert are the chiropodists concerned and a great deal of their time is devoted to the exorcising of plantar warts.

### **Convalescent Holidays :**

We are very grateful to the Worcester Rotary Club for sending several of our children on convalescent holidays during the year.

### **Minor Ailment Clinic :**

Relatively few children attend nowadays for minor ailments and the weekly clinic held on Tuesday mornings is used mainly for children referred to the school doctor for a more detailed medical examination.

### **Enuresis Clinic :**

Figures for those treated in 1970 are as follows :

				Boys	Girls	Total
Cured	...	...	...	15	8	23
Improved	...	...	...	4	3	7
Not improved	...	...	...	6	3	9
				<hr/>	<hr/>	<hr/>
				25	14	39
				<hr/>	<hr/>	<hr/>

### Health Education :

Dr. Snell undertakes the supervision of health education activities amongst our staff and a full report on this subject may be found in the 1969 Report.

### Head Infestations :

A total of 27,291 individual examinations of pupils in schools were made by the school nurses during 1970 and 538 pupils were found to be infested with lice or nits. It is indeed a triste and dolorous affair that the long flowing, hermetical locks of so many of our children should be enlivened by these visitants. Indeed, in a world where hygiene and cleanliness are everywhere extolled, it is a mystery how these scabrous relics of the dark ages have survived and one can only assume that Dr. Who's reverse forays in time space are in some way responsible. As well as chasing *Pediculus Capitis* through the tangled convolutions of our children's hair, a task not without its dangers, our nurses are also frequently called to deal with family infestations of the itch mite or *Acarus scabiei*. It would be true to say that for a decade this genuinely domestic creature has been in abeyance but in the last three years it has emerged with undiminished vigour and its affection for the human person more ardent than before.

Bram Stoker wrote a book entitled *The Lair of the Great White Worm*. Scientists today might well postulate the whereabouts of the lair of the palid itch mite during its years of absence from its native scena and why it has now returned to torment a generation so used to having its back scratched.

### Accidents involving school children

I am grateful to the Chief Superintendent 'C' Division, West Mercia Constabulary, for the following information.

Child injury accidents in the City of Worcester during the last three years were as follows :

	Fatal	Serious	Slight	Total
1968	Nil	18	40	58
1969	Nil	15	28	43
1970	Nil	13	38	51

It will be observed from the following lists that the careless pedestrian figures prominently. It will also be seen that the majority of accidents occur during the late afternoon and early evening, particularly during the summer months.

Date	Time	Location	Injury	Class	Cause
3.2.70	8.40 a.m.	Tunnel Hill	Sl.	Ped.	Careless Pedestrian
13.1.70	4.35 p.m.	Bromwich Road	Sl.	Ped.	Careless Pedestrian
6.1.70	1.55 p.m.	Hollymount Road	Sl.	Ped.	Careless Pedestrian
7.2.70	9.20 p.m.	Angel Street/ The Foregate	Ser.	Ped.	Careless Pedestrian
10.2.70	4.15 p.m.	Broad Street	Sl.	Ped.	Careless Pedestrian
4.2.70	5.00 p.m.	Tolladine Road	Ser.	Ped.	Careless Pedestrian
13.2.70	4.45 p.m.	Astwood Road	Sl.	Ped.	Careless Pedestrian
10.2.70	8.40 a.m.	Green Lane	Sl.	Ped.	M/Car Excessive speed
12.2.70	5.40 p.m.	Bath Road	Ser.	Cyclist	Cyclist turning right
6.3.70	8.15 a.m.	Dolday	Sl.	Ped.	Careless Pedestrian
28.2.70	2.45 p.m.	Chestnut Walk	Sl.	Ped.	Careless Pedestrian
16.2.70	9.15 p.m.	The Tything	Ser.	Ped.	Careless Pedestrian
1.4.70	12.40 p.m.	School Road	Sl.	Ped.	M/Car misjudging clearance
20.3.70	7.00 a.m.	Malvern Road	Sl.	Cyclist	Turning right
9.3.70	8.30 a.m.	London Road	Sl.	Pass.	Car, following too close
8.4.70	2.00 p.m.	Droitwich Road	Sl.	Pass.	Car turning right
10.4.70	12.10 p.m.	London Road	Ser.	Ped.	Careless Pedestrian
3.4.70	10.35 p.m.	Oldbury Road	Ser.	Ped.	Careless Pedestrian
25.4.70	11.40 a.m.	Avon Road	Sl.	Ped.	Careless Pedestrian
15.4.70	8.45 a.m.	Mayfield Road	Sl.	Ped.	Cycle misjudging clearance
14.4.70	12.00 m.d.	Tunnel Hill	Sl.	Ped.	Careless Pedestrian
2.5.70	1.30 p.m.	Broadway Grove	Sl.	Ped.	Careless Pedestrian
10.4.70	12.00 m.d.	Ombersley Road	Sl.	Cyclist	Inattention
29.4.70	1.15 p.m.	Rainbow Hill	Sl.	Ped.	Careless Pedestrian
7.5.70	1.30 p.m.	St. Georges Lane North	Ser.	Cyclist	Turning right
18.5.70	8.30 p.m.	Coombes Road	Sl.	Cyclist	Defective machine
2.5.70	6.00 p.m.	George Street	Sl.	Cyclist	Inattention
22.6.70	4.10 p.m.	Bransford Road	Ser.	Cyclist	Inattention
9.6.70	5.55 p.m.	Windermere Drive	Sl.	Cyclist	Turning right
31.5.70	8.15 p.m.	Britannia Square	Ser.	Cyclist	Inattention
4.7.70	2.20 p.m.	London Road	Ser.	Cyclist	M/Cycle overtaking
6.7.70	7.00 p.m.	Blanquettes Avenue	Sl.	Ped.	Careless Pedestrian
21.6.70	9.45 p.m.	Rose Avenue	Sl.	Ped.	Careless Pedestrian
20.8.70	4.00 p.m.	London Road	Sl.	Cyclist	Inattention
3.8.70	10.00 a.m.	Tybridge Street	Sl.	Pass.	Car, turning right
19.7.70	8.00 p.m.	Canterbury Road	Sl.	Ped.	Careless Pedestrian
13.9.70	8.00 p.m.	Greenhill, London Road	Sl.	Ped.	Careless Pedestrian
26.8.70	6.00 p.m.	Wylds Lane	Sl.	Ped.	Careless Pedestrian
28.8.70	6.55 p.m.	Arden Road	Sl.	Cyclist	Inattention
30.9.70	5.20 p.m.	Droitwich Road	Sl.	Cyclist	Turning right
18.9.70	7.40 p.m.	Hallow Road	Sl.	Cyclist	Lost control
12.9.70	5.45 p.m.	London Road	Ser.	Ped.	Careless Pedestrian
28.10.70	1.00 p.m.	Green Lane	Sl.	Ped.	Careless Pedestrian
1.10.70	8.20 p.m.	Prestwich Avenue	Ser.	Ped.	Car, reversing
3.10.70	10.00 p.m.	Foregate Street	Sl.	Cyclist	Cycle too close
23.11.70	8.40 a.m.	Oldbury Road	Sl.	Ped.	Careless Pedestrian
21.11.70	4.00 p.m.	Astwood Road	Sl.	Ped.	Careless Pedestrian
10.11.70	12.10 p.m.	London Road	Sl.	Cyclist	Pulling out without care
7.12.70	6.40 p.m.	Tolladine Road	Sl.	Cyclist	Cycle fail to conform to sign
12.12.70	5.45 p.m.	Bransford Road	Ser.	Cyclist	Car, inattention
21.11.70	9.00 a.m.	Friar Street	Sl.	Ped.	Careless Pedestrian



## Road Safety

Mr. G. A. Austen is responsible for Road Safety activities in schools and reports as follows :

During the year 28 National Cycling Proficiency Courses were held, a total of 454 children took the test, of which 383 were successful in passing, and received their certificate and badge.

Sixteen primary schools entered for the Junior School Road Safety Quiz and Six teams were entered for the Senior School Quiz.

The Road Safety Officer gave short talks at most of the Schools during the year.

Two senior schools conduct a Road Craft Course for pupils in their last year at school, this course goes on throughout the year, and is now considered part of the syllabus.

One other senior school conducts with the help of the Road Safety Officer and the Police, a half day course for school leavers. This very short course deals with all aspects of law, insurance, road users responsibility and attitudes.

The Authority employs 29 School Crossing Patrols to help ensure the safety of children going to and from school.

We also employ a part-time cycle training instructor for use in schools in connection with the National Cycling Proficiency Scheme.

# INFECTIOUS DISEASE

Cases of Infectious Disease notified during 1969 and 1970 classified in age groups

	Number of Cases Notified										Totals				Grand Totals	
	5 years to 9 years				10 years to 14 years				1970		1969		1970	1969		
	1970		1969		1970		1969		M	F	M	F				
	M	F	M	F	M	F	M	F								
Scarlet Fever ... ..	10	8	6	1	3	2	2	1	13	10	8	2	23	10		
Whooping Cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Poliomyelitis (Non-Paralytic)	87	68	1	3	1	1	—	—	88	69	1	3	157	4		
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Diphtheria ... ..	—	1	—	7	—	—	—	—	—	1	—	7	1	7		
Dysentery ... ..	—	—	1	—	—	—	—	—	—	—	1	—	—	1		
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Encephalitis (post infective)	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Enteric or Typhoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Paratyphoid Fever ... ..	—	4	—	—	—	—	—	—	—	4	—	—	4	—		
Food Poisoning ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Tuberculosis (Respiratory)	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Tuberculosis (Non-Respiratory)	—	—	1	—	—	—	—	—	—	—	1	—	—	1		
Infective Hepatitis ... ..	28	27	1	—	5	7	2	—	33	34	3	—	67	3		
Totals ... ..	125	108	10	11	9	10	4	1	134	118	14	12	252	26		

## HANDICAPPED PUPILS

## (a) Blind

Pupils who have no sight or whose sight is or likely to become so defective that they require education by methods not involving the use of sight.

One girl attends Lickey Grange School.

One boy attends Worcester College for the Blind.

## (b) Partially Sighted

Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

One girl and two boys attend Exhall Grange School, Coventry.

One boy attends West of England School for the Partially Sighted, Exeter.

## (c) Deaf

Pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.

One boy and one girl attend the Royal School for the Deaf, Birmingham.

One girl attends Summerfield House School for the Deaf, Malvern.

## (d) Partially Hearing

Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

## (i) At residential Schools :

One boy attends Needwood School, Burton-on-Trent.

One boy attends Tudor Grange Special School.

One boy attends Royal School for the Deaf, Birmingham.



- (ii) At Rose Hill School and Thornton House School, Worcester

Three boys and two girls attend Rose Hill School. One boy and one girl attend Thornton House School.

- (iii) At ordinary schools :

During the year 17 children were issued with hearing aids for the first time, making a total of 69 school children using hearing aids. Most of them are managing satisfactorily at ordinary schools with the help of remedial and individual teaching where necessary. They are kept under observation at the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary as well as by the School Health Service. Those children who have some degree of hearing loss which is not severe enough to require a hearing aid are carefully supervised to detect any deterioration in their hearing.

A report by Mr. Walsh, Peripatetic Teacher of the Partially Hearing, is included elsewhere in this report.

#### (e) Educationally Subnormal

Pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

- (i) At Residential Schools :

Nine boys and three girls attend schools for the educationally subnormal.

- (ii) At Thornton House School, Worcester :

Forty-two boys and thirty-one girls were attending Thornton House School at the end of 1970.

## (iii) At Rose Hill School :

TOTAL E.S.N.	ADDITIONAL HANDICAP					
	Delicate	Mal- adjusted	Physi- cally Handi- capped	Epileptic	Partially Hearing	Speech Defect
15	8	2	2	2	—	1

## (iv) At Ordinary Schools :

A number of children classified as educationally subnormal attend ordinary schools in the city. With a few exceptions these children have I.Q.s of over 70 and can cope in ordinary schools if assisted by remedial teaching.

I am grateful to Mr. Brees, Headmaster of Thornton House School, for the following report :

This year has seen our numbers grow to 98 on role and has seen the beginning of school leaving in more realistic numbers, 5 leaving at Easter and 5 leaving in the summer term. There have been some problems over employers in the present situation not being helpful to disadvantaged children. It would be of great benefit if we had a list of sympathetic employers who would be prepared to help by taking some of our children. The school, and I am sure all the other agencies, would be eager to assist with advice and continued help in the early years of employment. This has obviously brought forward the need for some form of sheltered workshop, perhaps not so much to keep our pupils employed but to give them a continued education until such time as full employment can be found. The danger is often that after some months of unemployment, literacy fades and good work habits are lost. We hope in future to start a Youth Club to bridge the gap between school and work.

The school has emphasised the leavers' programme this year and Mr. Beeken, the Deputy Head, has arranged many valuable ventures including community service where our leavers have been helping with play groups, old people and physically handicapped householders. This has been far from one way traffic as many old people particularly

have a great deal to contribute to our children who in return are able to relieve their loneliness and to carry out some of the more energetic tasks such as gardening. The independence training which is so close to this has been continued and our children make frequent sorties alone to travel on public transport, make telephone calls and carry out shopping and other tasks including ordering food in restaurants etc.

We have expanded the syllabus of the school by the use of teaching machines which are now quite familiar objects in the classroom. Programmes for these machines are still in short supply but a great deal of interest from the staff in making their own is having a two way beneficial effect.

After our successful school camp at Borth last year, in which we had considerable help from the army at Norton Barracks, the school is undertaking two weeks of camping at Clevelode this year in which several of the pupils hope to carry out Duke of Edinburgh award tests. The Duke of Edinburgh award has, in fact, a number of supporters in school and we hope to obtain some bronze awards this term.

Eight Cycling Proficiency certificates were awarded, double the number for 1969.

The minibus presented by the College of Education has been used extensively this year and has probably had more effect on school life than any other piece of apparatus. It has become virtually a mobile classroom. It has made canoeing and boating far more possible by giving us more time on the water and less time in manipulating the boats too and from the water.

The school has expanded slightly with the provision by the authority of a covered work area which has enabled a great deal more craft to be attempted and, in fact, the work area is being used for many other activities than were previously envisaged, e.g. table tennis, erection of tents, repair of bicycles and canoes etc.

We would, once again, like to thank all the ancillary services for their advice and help over the past year, particularly for the fact that we know we can rely and depend on them implicitly.



We welcome as neighbours and colleagues the new Manor Park School and look forward to years of close association and growth.

(f) Epileptic

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

(i) At Residential Schools :

One boy attends New Barns School, Toddington.

(ii) At Thornton House School, Worcester

Four girls and two boys attend Thornton House School.

(iii) At Rose Hill School

Seven boys and two girls attend Rose Hill School.

A number of children who suffer from infrequent epileptic attacks attend ordinary schools where they manage very well with the aid of modern anti-convulsant drugs.

(g) Maladjusted

Pupils who show evidence of emotional instability or psychological disturbance and require special treatment in order to effect personal, social or educational readjustment.

We are indebted to Dr. T. K. Maclachlan, Consultant Psychiatrist, and to his staff at the Child Guidance Clinic for the help they have given to the children whom we have referred to them. 107 children received treatment at the Child Guidance Clinic during the year.

(i) At Residential Schools :

Two children attend Berrow Wood School, Pendock.

One child attends Crowthorn School, Edgeworth.

One child attends New Barns School, Toddington.

One child attends Potterspury Lodge School, Towcester.

We are also grateful for the assistance and advice given to us by Mr. W. G. K. Rubery, Educational Psychologist, to whom I am indebted for the following report :

During the year ended 31st December, 1970, a total of 121 new cases were seen by the School Psychological Service. This total does not include children who were already known to the Service and who continued to demand attention during the year. Fewer new cases were seen than in the previous year, this being attributable to

the absence of the Educational Psychologist and subsequent restricted working during much of the Summer Term.

As in previous years more than half of the children seen for the first time were referred directly by the schools. One of the functions of the Service is to undertake assessments of children with learning difficulties and provide information, advice and support for their teachers. It is important that, increasingly, efforts are directed towards early identification of children who experience difficulties in learning and adjustment in schools, in order that prompt action may be taken to remedy their difficulties whether this involves special schooling, remedial measures within school or appropriate treatment at the Clinic. At present screening testing takes place amongst the children in the second year of their Junior School careers in order to discover those children who require attention of the remedial teachers. Although our capacity for direct intervention by the Remedial Service is necessarily limited by the large numbers of children that are at present taught, there is a necessity in particular cases to provide this special education treatment at an earlier stage. With the increase of the number of remedial teachers from 4 to 5 during the course of the year, it has been possible to increase the number of schools where teaching is undertaken. Children now receive help in 20 Primary and 1 Secondary School.

The Clinic has provided the opportunity for children who are temporarily unable to attend school because of anxiety states, to receive their tuition time allotted to them there rather than be in their own homes or within the teacher's home as has been the case in the past. It seems clear that this system is beneficial otherwise these children can become very isolated and tied to their homes. They are now able to meet other children and are seen regularly and informally by members of staff thus helping towards greater maturity and stability, in a setting that does not present them with pressures to which they are unable to make a satisfactory response. Such provision, however, is for children for whom school attendance has broken down completely. In the majority of cases early referral of children experiencing anxiety over school attendance can, with counselling and support for children and parents and with the co-operation of the school, lead to a reduction of anxieties and continuation of normal schooling.

In addition to work undertaken with the School Psychological Service the Educational Psychologist and the Psychiatric Social Worker work in co-operation with Dr. T. K. MacLachlan, Consultant Psychiatrist in the Child Guidance Service.

### Children Referred — 1970

85 boys — 36 girls

					Boys	Girls	Total
5.0—5.11	...	...	...	...	4	2	6
6.0—6.11	...	...	...	...	13	4	17
7.0—7.11	...	...	...	...	13	6	19
8.0—8.11	...	...	...	...	9	6	15
9.0—9.11	...	...	...	...	8	1	9
10.0—10.11	...	...	...	...	4	2	6
11.0—11.11	...	...	...	...	6	2	8
12.0—12.11	...	...	...	...	12	2	14
13.0—13.11	...	...	...	...	4	5	9
14.0—14.11	...	...	...	...	7	4	11
15.0—15.11	...	...	...	...	3	2	5
16.0	...	...	...	...	2	0	2
					<hr/>	<hr/>	<hr/>
					85	36	121
Source of referral							
Head Teachers	...	...	...	...	45	22	67
P.S.M.O.	...	...	...	...	11	5	16
Director of Education	...	...	...	...	2	—	2
Speech Therapists	...	...	...	...	7	1	8
Child Guidance	...	...	...	...	7	3	10
G.P.s	...	...	...	...	3	1	4
Remedial Teachers	...	...	...	...	2	—	2
Children's Dept.	...	...	...	...	—	—	—
Others	...	...	...	...	8	4	12
					<hr/>	<hr/>	<hr/>
					85	36	121
Reasons for referral							
Behaviour difficulties	...	...	...	...	20	13	33
Mental Assessment	...	...	...	...	39	14	53
Educational Guidance	...	...	...	...	9	2	11
Emotional difficulties	...	...	...	...	12	7	19
Poor School Attendance	...	...	...	...	5	—	5
					<hr/>	<hr/>	<hr/>
					85	36	121
					<hr/>	<hr/>	<hr/>



## (h) Physically Handicapped

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently disabled children attend Rose Hill School. This school was originally intended for delicate pupils, but it now also serves quite satisfactorily for physically handicapped pupils whose condition has entered a chronic stage, and also for physically handicapped school entrants where a period of medical and psychological assessment is required before deciding upon permanent education placement.

### (i) At Residential Schools :

One child attends Coney Hill School, Hayes, Kent.

One child attends Tudor Grange Special School, Solihull.

One child attends Hinwick Hall, Wellingborough.

One child attends Lord Mayor Treloar College, Alton.

One child attends Warlies School, Waltham Abbey.

### (ii) At Rose Hill School :

Nineteen children who are physically handicapped attend Rose Hill School.

A number of children with physical defects which are not severe enough to warrant classification as physically handicapped, attend normal schools.

## (i) Speech Defect

Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Miss G. Ogden and Mrs. P. Wyatt were not only most conscientious and devoted in their care of children with this defect, but also were possessed of an expertise in presenting the case for improved services and facilities that was most impressive. Both left us during the year for other posts.

We were fortunate, however, in obtaining the services of Miss J. Dalrymple and Miss M. Lloyd-Davies to whom I am indebted for the following report :

We joined the staff in September, 1970, taking over from Mrs. Wyatt and Miss Ogden who had left a month previously. The position at this time was that there were 40 children receiving regular therapy and 68 children on review seen periodically.

As a result of the new intake in the schools and assessment of children on review and waiting lists, by December 1970, there were 99 children receiving regular weekly therapy and 89 children being reviewed periodically.

We decided to divide our time between sessions in certain schools where numbers of children required speech therapy, and sessions in the clinic for the children who do not attend the schools we visit.

Parental co-operation is all important in the progress of children receiving speech therapy and thus we try to maintain fairly regular contact with the parents of those children whom we see in schools. This is carried out by means of home visits and their attending the clinic when possible.

Weekly sessions are held also at Rose Hill School, Thornton House School and Lower Wick Junior Training Centre.

All children are seen and assessed soon after they are referred and depending on the urgency of the case and the vacancies we might have, they are either given regular weekly treatment or are placed on the review list and seen in a few months time. Thus there is no waiting list as such, but obviously one wishes one had the time to give more attention to some of the children who are on review. However, this system ensures that all children will be seen and any in urgent need of therapy will receive help.

We would like to take this opportunity of thanking the staff in the clinic and schools for their help and co-operation.

## (j) Delicate

Pupils not falling under any other category in this regulation who, by reason of impaired physical condition, need a change of environment or cannot without risk to their health or educational development, be educated under the normal regime of ordinary schools.

## (i) At Residential Schools :

One child attends the West of England School for the Partially Sighted, Exeter.

One child attends Crowthorn School, Edgeworth.

Two children attend St. Mary's School, Horam.

## (ii) At Rose Hill School :

I am indebted to Miss P. Smith, Headmistress, for the following report on the work of the school :

The highest number on the roll for 1970 was 80. During the year 22 children were admitted and 27 were discharged. Of these 7 were school leavers, 2 left for Residential Special Schools, and the rest returned to normal schools after being declared fit by the school doctors. One child with multiple handicaps died during the year. Of the School Leavers, five are in full time employment, one girl is at the Star Centre, Cheltenham, and one boy is not working.

During the year, ultra violet light treatment has been continued with very beneficial results. We have had few coughs and colds or childhood diseases. Extra heating has been installed in the hall and two classrooms, to the great benefit of staff and children.

We have had, for some time, increasing problems with the Infants. These were taught in one class, with ages from 5 to 8, and with a very wide range of handicaps, both mental and physical, with some cases of emotional disturbance. Some of the severely handicapped children proved to be a source of noise and destruction, and constantly interfered with the work of the others. Happily, from the beginning of 1970, we have been provided with an additional teacher for this group, together with an additional classroom. The group is small, usually about 8 children, and includes children who suffer from spasticity, spina bifida, epilepsy, brain damage and possible autism. All have gained a great deal from the individual attention they are now able to have, and they are no longer destructive and noisy.



Almost every child coming into school has been retarded in reading, and the staff have continued to give prominence to this subject without putting any undue pressure on the children. We have recorded gains of 27 months to 50 months in one year, using the Schonell Graded Word Test.

Two autistic children have been admitted, and spend the morning at the school clinic, and the afternoons in school.

During the year we have admitted a number of children with severe physical handicaps, particularly spastics and children with spina bifida.

The school building is rapidly deteriorating and is not really suitable for the growing numbers of physically handicapped children. The Education Authority and the Department of Education and Science are well aware of the problem, and are very sympathetic. We hope that a new school will be built in the not too distant future.

**Children discharged from Rose Hill during 1970**

					Boys	Girls	Total
Delicate	...	...	...	...	6	4	10
Educationally Subnormal	...	...	...	...	4	2	6
Epilepsy	...	...	...	...	1	—	1
Speech Defect	...	...	...	...	—	1	1
Maladjusted and Diabetic	...	...	...	...	1	—	1
Asthma	...	...	...	...	4	—	4
Incontinence	...	...	...	...	1	—	1
Asthma and Eczema	...	...	...	...	—	1	1
Truancy	...	...	...	...	—	2	2
Maladjusted	...	...	...	...	1	—	1
Perthes	...	...	...	...	1	—	1
					<hr/>	<hr/>	<hr/>
					17	10	27
					<hr/>	<hr/>	<hr/>

**Children admitted to Rose Hill during 1970**

					Boys	Girls	Total
Educationally Subnormal	...	...	...	...	4	2	6
E.S.N. and Delicate	...	...	...	...	1	1	2
Perthes Disease	...	...	...	...	1	—	1
Congenital Heart	...	...	...	...	—	1	1
Rheumatoid Arthritis	...	...	...	...	—	1	1
Cystic Fibrosis	...	...	...	...	1	—	1
Hyperactivity	...	...	...	...	1	—	1
Spina Bifida	...	...	...	...	1	—	1
Partial Hearing	...	...	...	...	1	—	1
Eczema	...	...	...	...	1	—	1
Spasticity and Speech Defect	...	...	...	...	—	1	1
Septic Arthritis	...	...	...	...	—	1	1
Encephalitis	...	...	...	...	1	—	1
Autism	...	...	...	...	—	1	1
Diabetes	...	...	...	...	1	—	1
					<hr/>	<hr/>	<hr/>
					13	8	21
					<hr/>	<hr/>	<hr/>

## SCHOOLS MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, Schools Meals Organiser, for the following information :

A total of 1,680,677 meals were served during the year to children in maintained schools.

For the first time since 1957, there has been a decrease in the percentage of pupils taking a school meal, probably the increased cost of the meal which was raised from 1/6d. to 1/9d. on the 1st April, is reflected in this decrease.

In September, the percentage of pupils taking meals was 70.31 per cent against 72.81 per cent for the same month of the previous year, a decrease of 2.50 per cent.

The average daily meal number to all schools and departments was 8,920, supplied from 23 production kitchens, plus one further kitchen which was opened in September at the new Perdiswell Primary School.

In the Autumn Term the food service was reorganised in two secondary schools when a choice of menu system was introduced. This has proved very popular with the pupils and in due course further secondary schools will be offered this type of service.

The average number of children drinking milk in the maintained primary schools was 91.47 per cent.



## HAY FEVER INVESTIGATION

During the summer months, with the assistance of Dr. Kalinowski and the help of Dome Laboratories, we carried out an investigation into the incidence of hay fever in school-children in Worcester. Two schools were selected for the survey. Questionnaires were distributed to parents in June, the results screened and then followed any necessary skin testing. Those children who showed a positive result were referred to their general practitioner and in some cases to Dr. Kalinowski's Allergy Clinic at the Worcester Royal Infirmary for further investigation and treatment. The result of the survey is shown below.

				School 1	School 2
School Population	...	...	...	300	843
Completed Questionnaires	...	...	...	260 (86.6%)	605 (71.76%)
No. with Symptoms	...	...	...	31	80
No. skin tested	...	...	...	27	61
No. referred to G.P.	...	...	...	14	29
Percentage referred to G.P. of school population	...	...	...	4.66%	3.44%

I would like to record my appreciation of the ready co-operation of the head teachers of the schools concerned and to express my thanks to Dr. Kalinowski and his staff for their help in carrying out this investigation.

## Report for 1969

## ROUTINE SERVICES

### Medical Examinations

In order to maintain a high standard of physical fitness and hygiene, periodic medical inspections of all school children are necessary.

All Worcester children are examined by the School Doctor during their first year at primary school and again during their first year in secondary school. A selective examination of school leavers is done during the last year of school.

Parents are particularly asked to attend these examinations, and it is a measure of the high regard in which the service is held that so many do in fact accompany their children.

At each session, which lasts approximately three hours, some twenty children are seen and the findings noted on the child's individual medical record card. Arrangements are made for any necessary treatment by the family doctor or by the hospital. At the discretion of the examining doctor further checks can be made in the school or at the School Clinic.

The leavers medical inspection now takes the form of a selective examination. Parents are asked to complete a form giving details of any significant illness or disorder and also whether they would like their child seen by the School Doctor. Head teachers are also asked to put forward the names of any children they would like to be seen on account of any health or behaviour problem noted at school. The School Doctor then examines the medical records, questionnaires and head teachers' reports and decides which children should be examined.

The selective method has led to a cutting down of time spent on purely routine inspection of normal children and has allowed more time to be spent on those children who need our help.

It may be argued, however, that this saving of time for the examination of the needy is offset by the additional time spent by the School Doctor in scrutinising the various records. A more detailed appraisal of the scheme can only be made after a period of a few years. At the present time it is working well.



	1965	1966	1967	1968	1969
Pupils Inspected ...	3,827	2,390	2,522	2,772	2,628
Unsatisfactory ...	10	19	16	18	20
Percentage Unsatisfactory	0.26	0.80	0.63	0.65	0.76

### Defects of Vision :

The School Nurses test the eyesight of all children when they start primary school at the age of five years. At this age many do not know their letters and use is made of the E Test, animal charts and the Keystone Vision Screener, an instrument which has proved most useful since its arrival in 1966.

Subsequent vision testing is carried out at the ages of eight, eleven and fourteen years. If there is any doubt about a child's vision more frequent tests are carried out by the School Nurses, and head teachers are asked to report any defects they may suspect. In this way no child with defective vision should escape notice for long.

Children whose vision is less than 6/9 in either eye are referred to the clinic at the Eye Hospital. Those whose vision is 6/9 in either eye are re-tested at the next session at the school. Colour vision of boys is tested at fourteen years of age using Ishihara charts.

A special clinic for school children at which a nurse from the School Health Service is present is held every week at the Eye Hospital.

777 children were seen at the Eye Clinic in 1969 and spectacles were provided for 300.

Of those attending, 95 were referred by the School Medical Officer and 91 by School Nurses. The number of new cases was 186 compared with 228 in 1968.

### Defects of Ear, Nose and Throat :

A routine sweep testing with the pure tone audiometer was carried out on 1,200 school entrants. The standard used is lack of response by the child to any one frequency over 20 decibels. A child who fails this test is referred for a threshold test of hearing. If this examination shows a hearing loss the child is referred to the School Medical Officer for confirmation and exclusion of simple causes of deafness such as respiratory infection or wax in the ears, before referral to the hospital Ear, Nose and Throat Clinic.

The result of the sweep testing is as follows :

Year	Entrants Examined	Number referred for Threshold Hearing Testing	Ear, Nose and Throat Clinic
1969	1,200	292	18
1968	1,524	143	24
1967	1,145	207	20

During the year ten children were provided with hearing aids.

I am indebted to Mr. R. Walsh, Peripatetic Teacher of the Partially Hearing, for the following report on his work :

“ On the 8th March, 1967, the Ministry of Health announced that it proposed to issue, on an experimental basis to school children of seven years and upward, for whom they were suitable, head-worn hearing aids. The performance of the new head-worn aids were to be approximately the same as the present Medresco body-worn aids, except that the power units (cells) were to have a reasonably longer life.

As supplies became available, they were to be issued in three stages :

- (1) first to children over 14 years
- (2) then to those over 11 to 14 years
- (3) and finally to those aged 7 to 11 years.

The first deliveries — which were in short supply — came to Worcester in March. These had to be divided between the City, the County and the Deaf School at Malvern.

Issue began on a selection basis — pupils who were relying on their hearing aids full time — and so in the first stage, four head-worn aids were issued by the second week of March. As supplies gradually increased, so the issuing continued on the basis of the three stage issue — by the end of November, thirty head-worn aids had been issued and exchanged for the old body-worn aid.

Initial instruction in their use, together with written instructions were given both to the children and their parents. This entailed home visits, the majority of these being in the evenings, when parents who were out at work were available.

These new head-worn aids have been readily accepted with enthusiasm and only one pupil so far prefers the older type body-worn aid. Girls especially, enthuse about these aids — perhaps purely from a cosmetic view, as they are easily hidden. Adolescents in general seem to be much happier with them as their handicap is not so easily “advertised” by some large external “label”.

During the year, many pupils came to light who were suffering from varying degrees of partial deafness — catarrh appeared to be the prime cause, especially during the winter months. These put up the total of children who were not sufficiently deaf to warrant the need for a hearing aid to 167 — but some did require help and attention at some time of the year.

The issue of hearing aids to new pupils was 11, making a total of 55 children of school age. One hearing aid was issued to a pre-school child — this made a total of three children of pre-school age who now have hearing aids.

During the year, due to the increase of pre-school children — four, and the attention given to an older profoundly deaf pupil who was excluded from a Deaf School and has been unplaceable, the average weekly pupils taken has had to fall from 27 to 20.

One child who entered school at five was found to be profoundly deaf and after a term of auditory training was transferred to Summerfield House, Malvern, where she is now making satisfactory progress.



Work has progressed satisfactorily and some pupils have improved to such an extent that through auditory training, their hearing is now within normal limits, and they have been de-ascertained.

Pupils taught were selected by their hearing loss and their function in speech and language together with their academic attainment. Thus teaching was done to give auditory training to :

- (1) Improve and develop speech.
- (2) Improve and develop language.
- (3) Improve and develop lip reading.
- (4) Improve and develop in adjustment and rehabilitation and their general psychological wellbeing.
- (5) Training to use the child's residual hearing capacity to the greatest extent—both by aided hearing and lip reading.

Side by side with these aims, of course, goes help and remedial work with their general school subjects.

Weekly home training and parent guidance is given to pre-school children.

One of the parents was given on loan a Speech Training Unit, after demonstration and advice as to its use. This experiment has proved quite successful in reinforcing the work done—but like all busy housewives with large families, it is a question of finding a suitable time during the day when this reinforcement can take place. It is hoped to purchase another Speech Training Unit in the near future in order that other parents of pre-school children may also benefit by this extra help.

Help and advice is given to teachers, head teachers, parents and health visitors, also testing and ascertaining at the School Clinic both of pre-school children and children of school age, and home visits in conjunction with health visitors for the purpose of screening tests.

I would like to thank the head teachers and staff of all the schools who so readily welcome me even on my many untimely intrusions, and who so freely give up their valuable time for discussion relating to these handicapped children in order that they may be fully integrated into the school community.

Also my thanks to the school doctors and nurses who take such a keen and watchful interest in the wellbeing of these children. My thanks also for the tireless efforts of the health visitors in arranging interviews both in the home and at the Clinic.

I am indebted to Mr. Stewart, Consultant Otologist, Worcester Royal Infirmary, who does so much to help these handicapped children, and especially for his expert advice and kindness, together with the excellent co-operation of the Hearing Aid Department who both make for the smooth running of the Peripatetic Service behind the scenes and even though very hard pressed at times, always manage to find time to help and encourage”.

## SCHOOL DENTAL SERVICE

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports :

“ The number of children inspected during 1969 was 4,656, 3,976 at routine visits to schools and 680 as specials or casuals at the Clinics. 2,115 of the 3,273 children found to be dentally defective accepted treatment at the Clinics.

3,443 fillings were done in permanent teeth and 655 in deciduous teeth. The extraction figures as usual are high due to those who refused treatment being overtaken by pain, and also many emergencies who cannot get an urgent appointment with their own practitioners for the relief of pain.

Orthodontic work followed the pattern of previous years. Simple cases were treated at the Clinic and complex cases referred to the Consultant at Worcester Royal Infirmary. Mrs. Davis, the Hospital Consultant, is most helpful in outlining a course of treatment for the Clinic to follow.

There are still many cases which are discontinued through the non co-operation on the part of patient and parent; which generally takes the form of not wearing, breaking or losing their removable appliances. We continually have to chase up patients on behalf of the hospital, who fail appointments, thus wasting valuable time.

19 Dentures were fitted which is about normal for the replacement of teeth accidentally lost and replacement of existing dentures, necessitated through growth of jaws.

Work was disrupted in March through the closing of the Clinic at Church House and the transfer of some equipment to the new Moor Street Clinic.

The attendances dropped for a while and some parents seemed loathe to change over to the new Clinic, but nature and necessity caused a swing back, and now the new premises seem greatly appreciated and accepted ”.



## **School hygiene**

School Medical Officers, together with Public Health Inspectors, supervise the hygiene of the schools in the city. They receive great help from the teachers, who are always alert to any potential deterioration or possible improvement in the state of environmental hygiene in the school.

With the construction of new schools a continuous improvement of the prevailing conditions is taking place.

## **Medical examinations of teaching staff**

During the year 87 medical examinations by the Medical Officers were carried out on entrants to the teaching profession and to training colleges.

## **Employment of school children**

Children undertaking part-time employment have to be medically examined in accordance with bye-laws. Officers employed by the local authority keep careful watch to ensure that no child is employed on work that might be prejudicial to his health or render him unfit to gain maximum benefit from his education.

The majority of children undertaking part-time work of this nature are employed in the delivery of newspapers or in shops. The numbers of children whose fitness for employment has been assessed in recent years are as follows :

1966	—	332
1967	—	254
1968	—	282
1969	—	237

## PREVENTION AND TREATMENT.

### Immunisation and Vaccination

The City continues to have a high percentage of children who complete a full course of prophylaxis during infancy.

Smallpox re-vaccination is now offered on entry to school and on leaving school to those children who have been previously vaccinated. During 1969, 1,434 school children were re-vaccinated against smallpox. Only 22 school children needed a primary vaccination.

Booster doses against diphtheria, tetanus and poliomyelitis are given on entry to school and a further booster dose against tetanus and poliomyelitis on leaving school.

The number of re-inforcing doses given in 1969 is as follows :

		School Entry Booster	School Leaving Booster
Diphtheria ...	...	1,220	—
Tetanus ...	...	1,230	675
Poliomyelitis ...	...	1,203	733

A small number of children who had not previously been immunised received a primary course of protection. The number who completed the full course are as follows :

		Born between 1962 and 1965	All others under 16 years	Total
Diphtheria ...	...	110	53	163
Tetanus ...	...	118	153	271
Poliomyelitis ...	...	135	71	206

Measles immunisation was introduced nationally during 1968 and it is now given routinely during infancy. During 1969 the vaccine was given to 220 school children who had not previously received it.

## B.C.G. Vaccination

Protection against tuberculosis by means of B.C.G. vaccination is offered to school children during their thirteenth year of age. Preliminary Heaf testing disclosed that 14.5 per cent of the children were tuberculin positive and therefore did not require vaccination. Those children who were absent from school at the time of the testing or vaccination were offered a further opportunity to receive protection by attending the School Clinic during the holiday period. The results of B.C.G. vaccinations are as follows :

	Maintained Schools	Non- Maintained Schools	Junior Training Centre (City Children)	Total
Number Heaf tested ...	912	251	—	1163
Number found positive ...	141	28	—	169
Percentage positive	15.5%	11.2%	—	14.5%
Number found negative ...	739	219	—	958
Number vaccinated .	732	212	—	944
Number not vaccinated .	7	7	—	14
Number Heaf tested but not read ...	32	4	—	36

## Remedial exercises

Miss H. J. Davies, Senior Remedial Gymnast, reports as follows :

“During the year 1969, 592 city children received some form of remedial exercises, with an average of 49 being treated for more than one condition. Of these, 152 were new referrals, and there were approximately 110 discharges.



The conditions treated varied, the majority being for postural defects, embracing poor postural habits; scoliosis and kyphosis; flat and valgus feet; pigeon toes; knock knees and poor walking action.

On average 80 children received breathing exercises for chest and respiratory conditions—asthma being the main cause.

With thirty City schools to cover, these treatments were necessarily carried out with group therapy, which, due to the numbers and the time involved, combined all conditions in one session.

A number of parents have been invited to attend a remedial class, in order that they may know and understand the work being carried out, and are able to encourage the continuance of the appropriate exercises at home. This is an important part of treatment and cannot be too greatly stressed.

In addition to the group work, individual attention is essential in certain cases, this being particularly so at Rose Hill Open Air School and Lower Wick Junior Training Centre, where some children are unable to carry out the everyday functional movements that we usually take for granted. These children need constant practical help and encouragement to try and overcome their disabilities.

With the very kind co-operation of the schools, a satisfactory visiting time-table has been arranged. This provides as beneficial a treatment as possible in the short time available.

Individual treatments have also been carried out at the School Clinic”.

## **Enuresis Clinic**

Bed-wetting is a distressing complaint for the child and often leads to friction amongst the other members of the family. A frank and sympathetic discussion of the problem in the neutral atmosphere of the clinic is often in itself a useful exercise in treatment.

A regular weekly clinic was set up in 1967 and has been well attended ever since. Children are referred to the clinic by school medical officers and school nurses and by general

practitioners and are sent for by appointment. At the first visit a full history of the case is taken followed by a physical examination. A specimen of urine is sent to the laboratory in order to exclude any possible urinary infection. Following this the method of using the buzzer alarm is explained to parent and child who are then able to take the instrument home with them. A chart is issued to each child so that he can record his own progress.

Children are normally given appointments six to eight weeks after the issue of an alarm but are invited to return any time if difficulties arise. Close supervision and constant encouragement have brought a high rate of success for this form of treatment. The term "cure" is used if, as a result of treatment, the child has 14 consecutive dry nights when previously the majority of nights had been wet ones. Should a subsequent relapse occur treatment may be repeated after an interval of six to twelve months.

The results of those treated at the clinic in 1969 are as follows :

			Boys	Girls	Total
Condition cured	...	...	15	7	22
Condition improved	...	...	8	2	10
No improvement	...	...	7	1	8

### Ultra-Violet Light Therapy

Ultra-violet light therapy is given during the Spring and Autumn terms to pupils attending Rose Hill Open Air School, if recommended by the school medical officer. 54 children attended these sessions during the year.

### Chiropody

164 children were treated at the Chiropody Clinic during the year. A considerable number of children seen received treatment for verrucae, while many others required attention to corns and other foot troubles associated with the wearing of badly designed, though no doubt fashionable, shoes.

### Health Education

Dr. D. G. Snell, who is responsible for Health Education, reports as follows :

" Although interest in health education in schools is rapidly increasing, in most European countries much remains to be done. So far, two of the most serious barriers to progress have



been lack of understanding of what health education is and what it can do for school children, and lack of co-operation and co-ordination between the many and varied authorities and persons concerned with health education.

This observation, which comes from a joint report by WHO and UNESCO in 1962 on the preparation of teachers for Health Education in Europe as a whole contains truths which are still relevant for our local schools, but fortunately we already have here a useful degree of co-operation between our local education and health departments. This is very necessary and in line with a statement of the Chief Medical Officer in his report for the years 1964 and 1965 — “whilst health education in schools is the primary responsibility of the teachers, they can — and should — be helped by the School Health Services”.

In the Infant and Nursery Schools pupils learn the basic rules of health through the School environment and in practical activities and “learning through play” in their classes. Members of staff responsible for the supervision of children who stay for school meals have an important role to play in encouraging good feeding habits.

The first periodic medical examination of all children, which takes place soon after they have entered school, gives the school doctor and nurse an opportunity for advising on a wide range of health matters on an individual basis. Young children brought up in a rather restricted home atmosphere may experience severe emotional problems when they first go to school. Where these difficulties can be anticipated by a Health Visitor or during attendances at one of our Clinics we are often able to recommend that such children attend a Play Group for a few periods every week. This helps the child to settle into the normal life of an Infant School right from his first term without adjustment difficulties. The healthy and happy growth of most children calls for companionship of their own age group from the age of 3 onwards. It may not be possible to provide this at home and we welcome the growth of playgroups. Most of these have waiting lists.

In the Junior Schools from 7 to 11 years of age children acquire a very active interest in the working of their minds and bodies and the environment in which they live. Towards the end of the year the vexed question of when and how to teach children about human and animal reproduction, and the



part to be played by home and school, became a matter of urgent concern. This was because both television authorities had given prior notice of the introduction of special school programmes on this subject in 1970. The B.B.C. in its preliminary notice, and programme notes, had suggested that children of from 8 to 9 were the right age group to be interested in a clear exposition of the biology of growth and reproduction. This stage is well before they approach adolescence and have to face the many emotional problems of 'living together'. During the year school nurses have been asked in a few Junior Schools to talk on personal hygiene and cleanliness but sex education has always been left to the Secondary School age. However, head teachers of Junior Schools are reporting that an increasing number of girls of 10 and 11 are starting to menstruate and are in need of instruction. This, coupled with the new television approach, is likely to lead to requests for help from members of the School Health Service in some schools.

There is no uniform pattern of health education in the Secondary Schools, but all of them are alive to the opportunities that should be taken for preparing young persons for some of the problems of human relationships and life in the world which will face them in the future. Courses spread over several weeks are generally given during one of the middle years. Headings include personal and social relationships, sexual development, mothercraft, the mis-use of nicotine, alcohol and drugs generally, the control of infectious diseases, including venereal diseases, and practical first aid. During the year school doctors and nurses have taken part in such planned courses at four local authority Secondary Schools and at one independent girls school. Staff and pupils generally find medical and health matters of great interest and there is no doubt that time should be found for teaching and discussion of them throughout school life. Instead of hindering this, the examination system should be made to help by the inclusion of compulsory questions on health matters wherever possible.

Annual reports in recent years have all stressed the increasing amount of obesity in children. It is found at all stages of school life. In a few cases drug treatment is of help but all these children must learn to accept that the control of this complaint is mainly dependent on wise dieting and self-control aided by regular weighing and the keeping of records. In addition to other forms of encouragement at home and at school, a short talk every year with the school doctor will

be of real help if the child has the will to succeed. This individual teaching will be more successful if the simple elements of nutrition are included in class subjects. A good school tuck shop should provide attractive alternatives to sweets and biscuits by way of fresh fruit, nuts, raisins etc. A reform on these lines is still awaited”.

### **Convalescent Holidays :**

By courtesy of the Education Committee, one child was sent on a convalescent holiday during the year, whilst others were sent by Rotary for whose help we are most grateful.

### **Minor Ailment Clinic :**

A weekly clinic is held on Tuesday mornings at which a doctor is present. Relatively few children attend nowadays for minor ailments, and the session is used mainly for children referred there as requiring a more detailed medical examination.

### **Head Infestation :**

A total of 19,990 individual examinations of pupils in schools were made by the school nurses during 1969, and 160 pupils were found to be infested with lice or nits.

Every effort is made by health visitors and school nurses to keep a regular and careful check on the heads of school children. Particular attention is paid to schools where persistent offenders have been found in the past. In spite of our efforts, however, there remains a nucleus of children who quickly become re-infested by home contacts. Attempts to gain full co-operation in such families are extremely difficult, particularly when they do not consider infestation of the head as anything unpleasant or remarkable.

## Accidents involving school children :

I am grateful to the West Mercia Constabulary for the following figures :

Details of child injury accidents (between the ages of 5 and 15 years inclusive) which occurred in Worcester City between 1st January and 31st December 1969.

Month				Fatal	Serious	Slight	Total
January	...	...	...	—	1	1	2
February	...	...	...	—	1	5	6
March	...	...	...	—	2	1	3
April	...	...	...	—	2	4	6
May	...	...	...	—	2	5	7
June	...	...	...	—	—	6	6
July	...	...	...	—	5	1	6
August	...	...	...	—	2	2	4
September	...	...	...	—	3	6	9
October	...	...	...	—	2	2	4
November	...	...	...	—	—	4	4
December	...	...	...	—	—	3	3

## Road Safety

Mr. G. A. Austen is responsible for this very important aspect of the supervision of children and reports as follows :

“During the year 508 children were trained in Cycling Proficiency in both primary and secondary schools, 459 of these took the test and 390 were successful and obtained the RoSPA Certificate of Proficiency.

The Senior School Quiz Competition for the Richards Cup attracted an entry of 12 teams and was won by the Christopher Whitehead Girls School. A similar trophy, the Elt Cup, was competed for by 16 teams from the primary schools, and was won by Pitmaston.

Road craft courses are run at the Bishop Perowne and the Christopher Whitehead Boys Schools. They are courses given to the last year pupils, and cover all aspects of road usage, i.e. history of British roads and transport system, the law, insurance, highway code, road safety, how the car works, responsibility of road users. This also includes outside visits to garages, and various traffic surveys.



Most of the primary schools were visited by the Road Safety Officer, to give a short talk on the dangers of the dark mornings, etc. Talks by the Road Safety Officer and the Police are also given to last year pupils at most secondary schools.

The success of all these functions in schools is mainly due to the unfailing co-operation of the headmasters and their staffs. I should also like to mention the help given by volunteer instructors, judges and examiners, without whose help it would be difficult to carry on the above programme”.

### INFECTIOUS DISEASE

Infectious disease amongst school children was generally quiescent during 1969.

## HANDICAPPED PUPILS

One of the main functions of the School Health Service is the assessment of handicapped pupils to ensure that they receive the special educational treatment best suited to their needs.

Whenever possible, handicapped children are retained in ordinary schools if this can be done without detriment to themselves or to other children in the school, as there are often profound advantages in such children being able to live at home and receive their schooling in a completely normal environment. This policy must not, however, be carried too far, as without the specialised facilities, both educational and therapeutic, available at special schools, certain children may not develop to their full potential.

- (a) Blind pupils, that is to say, pupils who have no sight or whose sight is or likely to become so defective that they require education by methods not involving the use of sight.

One girl attends Lickey Grange School.

One boy attends the Worcester College for the Blind.

- (b) Partially sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

One boy and two girls attend Exhall Grange, Coventry.

One boy attends the West of England School for the Partially Sighted, Exeter.

One boy attends Rose Hill Open Air School.

- (c) Deaf pupils, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.

Two boys and one girl attend the Royal School for the Deaf, Birmingham.

One girl attends Summerfield House School for the Deaf, Malvern.

- (d) Partially hearing pupils, that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

(i) At Residential Schools :

One boy attends the Royal School for the Deaf, Birmingham.

One boy attends Tudor Grange Special School.

One girl attends Summerfield House School for the Deaf, Malvern.

(ii) At Rose Hill Open Air School and Thornton House School :

Two boys and one girl attend Rose Hill Open Air School.

Two boys attend Thornton House School.

(iii) At Ordinary Schools :

During the year 11 children were issued with hearing aids for the first time, and there are now in all 55 school children who have been issued with hearing aids. Most of them are managing satisfactorily at ordinary schools with the help of remedial and individual teaching where necessary. They are kept under observation at the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary as well as by the School Health Service. There are a number of other children who have some degree of hearing loss which is not severe enough to require a hearing aid. These children are carefully supervised to detect any deterioration in their hearing.

A report by Mr. Walsh, Peripatetic Teacher of the Partially Hearing, is included elsewhere in this report.

- (e) Educationally subnormal pupils, that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.



- (i) At Residential Schools :  
Fourteen boys and four girls attend schools for the educationally subnormal.
- (ii) At Thornton House School :  
At the end of 1969 sixty-one city children, thirty-six boys and twenty-five girls, were attending Thornton House School.
- (iii) At Rose Hill Open Air School :  
Twenty-two children suffering from various handicaps were also classified as educationally subnormal.
- (iv) At Ordinary Schools :  
A number of children classified as educationally subnormal attend ordinary schools in the city. With a few exceptions, these children have I.Q.s of over 70 and cope very well in ordinary schools with the assistance of the remedial teachers.

I am grateful to Mr. Brees, Headmaster of Thornton House School, for the following report :

“In the third year of our school life I am pleased to be able to report continued growth and favourable progress. There are now 97 children on roll leaving only space for the transient child who may move into the district.

The staff position appears to be stabilised and we are pleased to welcome Mr. Beeken, our now Deputy Head, and to congratulate our ex-Deputy Head on obtaining his own school in Totton, Southampton. Mrs. Maund-Powell will soon be returning to us from a supplementary course at Birmingham University and we are pleased also to welcome Mr. Walford Davies to our staff to take charge of P.E. and adventure activities.

The year has seen a steady growth in reading abilities throughout the school, recent tests prove that over 90% of the pupils show significant progress in reading. The year was also marked by our first school leaver; the number of leavers will rise progressively now with each year. We are in the process of discussing the possibility of forming a Youth Club so that we may in future provide

an after-school service and maintain contact with these leavers. During this year also we have been increasing our techniques and have installed and programmed two language masters—mechanical aids to the teaching of reading. A number of football and netball matches were played both at home and away, in which our football team particularly achieved some little success.

We were able, thanks to the generous donation of the Worcester Round Table, to purchase some camping equipment. During this summer we hope to be taking a large party to a camp at Borth. We shall be continuing our adventure activities particularly canoeing, helped by the completion of two canoes built in our own school workshops under the guidance of Mr. Neal.

There have been many contributions to the smooth growth of our school, particularly by the Education and Health Departments, and without going into too much detail we would like to express our thanks to all concerned.

There are a number of highlights during the year—the Christmas Party, the school journey to Swanage, youth hostelling, a swimming gala at Malvern and the School Sports Day, so well attended by our parents. Various interesting courses such as Road Safety, R.S.P.C.A. talks and films, and interested specialists from the College of Education in Modern Dance and Drama etc.

The leavers class has visited many of our local industries during the last year. We owe a great deal to the tolerance and kindness of local firms.

While we cannot take the school out to the world, it has been our aim, as far as possible, to bring a great deal of the world into the school, and in a year of continued expansion this might be said to have been the key note”.

We are grateful for the assistance and advice given to us by Mr. W. G. K. Rubery, Educational Psychologist, to whom I am indebted for the following report :

“During the year ending the 31st December, 1969 a further 169 children were referred to the School Psychological Service. This total does not include children referred



in previous years who continue to require attention. More than one third of these new cases were children aged between 7 and 9 years — this corresponding to the first two years in the Junior School. In general early referral is to be encouraged. The earlier a child's difficulties are assessed and the appropriate corrective measures taken, the greater the chances of avoiding a worsening of the problem and effecting a satisfactory improvement.

Amongst these new referrals boys outnumber girls in the ratio of approximately two to one. This ratio is generally reported by School Psychological Services and Child Guidance Services. Explanations advanced to account for this, stress both inborn differences and environmentally induced differences resulting from variations in child-rearing practises. In societies such as ours we expect boys to be more assertive and aggressive than girls, who are expected to repress their aggressiveness. When however, the limit of adult tolerance is surpassed then the child's behaviour very forcibly leads to him becoming of concern to his parents and teachers. Although boys are more frequently identified as problems than are girls, there are significant areas of exception. While boys are reported as more frequently showing hyperactivity, poor concentration, disobedience, aggressiveness and speech defects, girls are said to be more prone to anxiety and upset, nail biting, thumb sucking and even travel sickness. In areas of intellectual development and educational attainment, while girls have an initial advantage over boys in language development, fewer girls than boys experience reading difficulties — boys tend to achieve greater success in arithmetic problem solving. The reasons given at referral reflect the pattern — similar numbers of boys and girls being seen to have emotional difficulties — the boys greatly outnumbering the girls in referral because of behaviour difficulties.

The four peripatetic remedial teachers provide specialist tuition in reading for approximately 200 children in 19 schools. The children helped by the service are those who are significantly retarded in reading when allowance is made for the level of general ability. Our goal is that in the space of a year's remedial teaching the children will make sufficient progress that they can be discharged from the groups because they can cope adequately in the classroom situation. We are, however, aware that for



many children this is insufficient and their need is for help over a longer period of time. The pattern so far is that the children receive help in small groups within their schools. Some of the children could be more effectively helped here at the Clinic but pressure of work does not allow this provision to be made. It is hoped, however, that within due course Clinic tuition will be possible where necessary.

This year has seen the establishment of the Service in the new School Clinic in Moor Street. We now have premises suited for the work we are doing and the additional advantage of greater ease and frequency of contact with our colleagues in the Education and School Health Services, contact which should prove to be to the ultimate benefit of the child.

In addition to their duties within the School Psychological Service, the Educational Psychologist and Psychiatric Social Worker work as required with Dr. T. K. Maclachlan, Consultant Psychiatrist in Child Guidance Service”.

- (f) Epileptic pupils, that is to say, pupils who by reasons of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

- (i) At Residential Schools :

One boy attends Besford Court School, Besford.

- (ii) At Thornton House School :

Two boys and two girls attend Thornton House School, Worcester.

- (iii) At Rose Hill Open Air School :

Five boys and three girls attend Rose Hill Open Air School, Worcester.

A number of children who suffer from infrequent epileptic attacks attend ordinary schools, where they take a very full part in most school activities with the aid of modern anti-convulsant drugs.

- (g) Maladjusted pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect personal, social or educational re-adjustment. We are indebted to Dr. T. K. Maclachlan, Consultant Psychiatrist, and his staff at the Child Guidance Clinic for the help they have given to the children whom we have referred to them. Ninety-three children received treatment at the Child Guidance Clinic during the year.

(i) At Residential Schools :

Two children attend Berrow Wood School, Pendock

One child attends Crowthorn School, Edgeworth.

One child attends The Friends School, Lancaster.

One child attends Stokelake House School, Torquay.

One child attends Rhydd Court School.

Two children attend Potterspury Lodge School, Towcester.

One child attends Besford Court School, Besford.

- (h) Physically handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently disabled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils, but it now also serves quite satisfactorily for physically handicapped pupils whose condition has entered a chronic stage, and also for physically handicapped school entrants where a period of medical and psychological assessment is required before deciding upon permanent education placement.

## (i) Children at Residential Schools :

One child attends Burton Hill House School, Malmesbury.

One child attends Tudor Grange Special School, Solihull.

One child attends Hinwick Hall School, Wellingborough.

Two children attend the Lord Mayor Treloar College, Alton.

One child attends Warlies School, Waltham Abbey.

## (ii) Children at Rose Hill Open Air School :

Twelve children who are physically handicapped attend Rose Hill Open Air School.

A number of children with physical defects which are not severe enough to warrant classification as physically handicapped attend normal schools.

## (i) Pupils suffering from speech defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Our speech therapist, Miss B. A. James, left us on 21st March, 1969, and we were very fortunate in securing the services of Miss G. Ogden and Miss P. E. Steward, who commenced in August. I am indebted to them for a report covering the period August to December, 1969 :

“ There are 115 on the waiting list, 20 on review and 30 on the current list. Each child was seen and individually assessed. Since then we have visited a number of schools and had referrals, and altogether we have assessed a total of 271 children to date. Of the 271 children :

156 have been discharged

60 are on review

55 are currently being seen.

From these, 22 children have been referred for further investigation,

15 for an E.N.T. examination,

2 to Child Guidance,

1 to the Dentist,

6 to the Educational Psychologist.



The following schools have been visited :

Gorse Hill Infants and Juniors  
 Warndon Infants and Juniors  
 Elbury Mount Infants and Juniors  
 St. Joseph's R.C.  
 Henwick Grove Infants and Juniors  
 Cherry Orchard  
 Cranham Drive  
 Dines Green Infants and Juniors  
 Northwick Manor  
 St. Stephen's  
 St. Clements  
 St. John's  
 Stanley Road Infants and Juniors

Special Schools

Thornton House  
 Rose Hill Open Air School

out of these, sessions are being done at,

Gorse Hill Infants  
 Warndon Infants  
 Elbury Mount Infants  
 St. Joseph's R.C.  
 Henwick Grove Infants

Special Schools

Thornton House  
 Rose Hill Open Air School

The remainder of the Junior and Infants Schools have been circularised.

In addition to these school sessions, sessions are done at the clinic, which includes evening work three times a week. Home visits are filled in at various times during the day.

On referral, the child is seen immediately and fully assessed. At present we do not have a waiting list, and we hope that it will not be necessary to start one again.

Since taking up our posts we have spent some time building up an adequate variety of equipment with which to carry out our work, and from which we are now able to make a full analysis of the extent of the child's

difficulty. In some schools we found that the accommodation provided for speech therapy was unsuitable, and this resulted in more satisfactory work being done, of necessity, in the School Clinic. We would suggest that in the design of new schools, adequate provision should be made for services such as speech therapy.

We do appreciate the help we have received from specialists in other closely related fields.

- (j) Delicate pupils, that is to say, pupils not falling under any other category in this regulation who, by reason of impaired physical condition, need a change of environment or cannot without risk to their health or educational development be educated under the normal regime of ordinary schools

(i) At Residential Schools :

One child attends Moun-ton House School, Chep-stow.

One child attends the West of England School for the Partially Sighted, Exeter.

One child attends Crowthorn School, Edgeworth.

Two children attend St. Mary's School, Horam.

One child attends Berrow Wood School, Pendock.

(ii) At Rose Hill Open Air School :

I am indebted to Miss P. Smith, Headmistress, for the following report on the work of the school :

“The highest number on roll for 1969 was 86. During the year, 28 children were admitted and 22 children were discharged. There were 8 school leavers, 2 transfers to Thornton House School, 2 to residential special schools, and the rest returned to normal schools after being declared fit by the school doctors.

Of the school leavers, one seriously handicapped boy has not sought employment, one girl is employed in a local hospital as a domestic worker, one boy who used to be retarded is now a trainee machinist, two girls are working in a local store, one boy is working at the Royal Porcelain works, and a boy and girl are working in a local factory. I should like to thank the Principal

Careers Officer and his staff for all the efforts they have made to ensure that our young people have a fair chance of employment.

During the year, ultra violet light treatment has been continued and has had a very beneficial effect, we have had few coughs and colds. We are pleased to say we have achieved an average attendance of 83 per cent. During March, extra fan heaters were installed and were very useful.

Almost every child coming into school has been retarded in reading, and the staff have continued to give prominence to this subject, without putting any undue pressure on the children. We have recorded gains of 27 months to 50 months, in one year, using the Schonell Graded Words Test. One very timid child with a reading age of 5 years 11 months in 1967, reached a reading age of 10 years 1 month in 1969. This is in part due to the small classes, but also to the relaxed atmosphere and a devoted staff.

Two autistic children have been admitted and spend two hours a day with their personal teachers. The Speech Therapists take four sessions a week and the Remedial Gymnast has two sessions a week. The Teacher of the Partially Hearing comes once a week, and the school doctors spend one morning a week here. Most of the children have cod-liver oil and malt, or vitamin capsules, every day, and they also have double the normal allocation of free milk. A few children are on special diets.

We have had, for some time, increasing problems with the Infants. These were taught in one class, with ages from 5 to 8, and with a very wide range of handicaps, both mental and physical, with some cases of emotional disturbance. Some of the severely handicapped children proved to be a source of noise and destruction, and constantly interfered with the work of the others. In November, the Education Committee provided us with an additional teacher for this group and this appointment was followed very quickly by the provision of an additional classroom. The help has proved very beneficial to the school ”.



### Analysis of handicapped children admitted to Rose Hill School in 1969

					Boys	Girls
Asthma	...	...	...	...	1	—
Chronic Bronchitis			...	...	2	1
Anaemia and undersized			...	...	1	—
Debility	...	...	...	...	—	2
Hypercalcaemia		...	...	...	—	1
Kidney Disease		...	...	...	1	—
Bad home conditions			...	...	—	2
Dwarfism	...	...	...	...	1	—
Incontinence		...	...	...	1	—
E.S.N.	...	...	...	...	1	1
E.S.N. and Delicate			...	...	—	1
E.S.N. and degeneration of central nervous system		...	...	...	—	1
E.S.N. and Cerebral Palsy and speech defect		...	...	...	1	—
Diabetes	...	...	...	...	2	—
Haemophilia		...	...	...	1	—
Perthes disease		...	...	...	1	—
Scoliosis	...	...	...	...	—	1
Spastic Diplegia and Epilepsy			...		1	—
Maladjusted		...	...	...	2	—
Autism	...	...	...	...	2	—
					—	—
TOTAL : 28					18	10
					—	—

### Analysis of handicapped children discharged from Rose Hill School in 1969

	Boys	Girls
Delicate ... ..	—	1
Bad home conditions and Eczema	—	1
Eye Ulcers ... ..	—	1
Severe Burns ... ..	1	—
Epileptic and Maladjusted ...	1	—
Withdrawn and Timid ... ..	1	—
Partially Hearing and Maladjusted	1	—
Maladjusted ... ..	3	2
E.S.N. ... ..	5	2
Muscular Dystrophy ... ..	1	—
Partially Hearing ... ..	1	—
Spina Bifida ... ..	1	—
<b>TOTAL : 22</b>	<b>15</b>	<b>7</b>

**The physical handicaps during the year are listed below :**

Severe Asthma

Rheumatism

Diabetes

Gross obesity and club feet

Progressive deterioration of the central nervous system

Haemophilia

Bilateral dislocation of hips

Spina Bifida

Spastic with brain damage

Spastic diplegia and hemiplegia

Perthes disease

Dwarfism

## SCHOOLS MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, Schools Meals Organiser, for the following information :

“ It is interesting to note from national statistics released in the 12 months to October 1969, schools in England and Wales served 5,163,000 meals per day at a net expenditure of £81 million. This means 70 per cent of all school children are taking meals.

In Worcester the number of children taking a school meal continues to rise. A total of 1,702,050 meals were served during the year to children in maintained schools, an increase of nearly 4 per cent over 1968. The percentage of children taking a meal is still averaging 74 per cent.

In September an additional kitchen was brought into use when the new buildings for Red Hill Junior Mixed and Infant School were opened, making a total of 23 production kitchens.

The daily average of meals was 9,190 and the percentage of transported meals has been reduced to 20 per cent.

At the beginning of the Autumn term 6 Cook/Supervisors commenced a Day Release Course at the Technical College, to study the City and Guilds of London Certificate No. 147, possibly to be followed by the No. 151 Certificate course in the next school year. These staff are finding the course most stimulating and is of great benefit in widening their knowledge and experience of catering.

All cook supervisors are present at monthly meetings to plan menus on a four weekly period so that the maximum variety of dishes is included throughout the month. The kitchens are divided into two groups namely Secondary and Primary so that special consideration can be given to the needs, along with the “ likes and dislikes ” of the different age groups.

Considerable discussion takes place at these meetings and the interchange of ideas does much to keep alive the interest that is so essential for the production of attractive and nutritious meals.

In the secondary schools a popular introduction for the sweet course has been cheese, butter, biscuits or bread rolls (made in the kitchen) served with coffee. Coffee is also served with doughnuts or gateaux.



Great importance is attached to the provision of fresh fruit or vegetables each day, if possible, and one salad meal a week in winter and possibly two during some of the summer weeks.

Much fruit preservation is undertaken in the kitchens throughout the summer months as Worcester is favourably situated to enable the purchase of fresh fruit at reasonable costs. The cooks show much skill in this craft and are to be congratulated on their results.

The average number of children drinking milk in the maintained Primary Schools is 92.67 per cent.

# SCHOOL MEDICAL INSPECTION AND TREATMENT STATISTICS

## PART I

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including nursery and special schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No. (3)	Unsatisfactory No. (4)		For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total Individual Pupils (8)
1956 and later	15 (34)	15 (34)	— (—)	— (—)	— (1)	4 (6)	4 (5)
1965 and later	719 (690)	716 (687)	3 (3)	— (—)	12 (25)	128 (104)	127 (109)
1964	479 (486)	475 (482)	4 (4)	— (—)	11 (17)	100 (79)	110 (83)
1963	49 (60)	49 (59)	— (1)	— (—)	1 (4)	8 (10)	8 (14)
1962	8 (24)	8 (24)	— (—)	— (—)	— (—)	1 (4)	1 (4)
1961	8 (13)	8 (13)	— (—)	— (—)	— (—)	— (2)	— (1)
1960	13 (18)	13 (18)	— (—)	— (—)	1 (—)	2 (4)	3 (4)
1959	254 (194)	253 (194)	1 (7)	— (—)	1 (28)	59 (39)	56 (39)
1958	568 (203)	562 (201)	6 (2)	— (96)	29 (4)	103 (111)	128 (120)
1957	222 (77)	219 (77)	3 (—)	97 (564)	10 (7)	39 (14)	45 (47)
1956	66 (283)	66 (280)	— (3)	583 (564)	2 (12)	18 (56)	19 (62)
1955	300	298	2	583	14	66	66
1955 and earlier							
1954 and earlier							
TOTAL	2,701 (2,628)	2,682 (2,608)	19 (20)	680 (660)	81 (102)	528 (475)	567 (504)

FIGURES IN BRACKETS ARE 1969 TOTALS

TABLE B—OTHER INSPECTIONS.

Number of special Inspections	...	...	...	...	984
Number of Re-inspections	...	...	...	...	1,322
Total					<hr/> 2,306 <hr/>

TABLE C—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	27,291
(b) Total number of individual pupils found to be infested	...		538
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)			169
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)			26



**PART II****DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS  
DURING THE YEAR.**

Defect or Disease			PERIODIC IN SPECTIONS								Special Inspections	
			Entrants		Leavers		Others		Total			
Skin ... ..	T		12	(12)	14	(7)	40	(39)	66	(58)	3	(9)
	O		25	(43)	10	(10)	34	(24)	69	(77)	6	(2)
Eyes— <i>a.</i> Vision	T		26	(48)	16	(13)	39	(41)	81	(102)	14	(16)
	O		68	(130)	22	(24)	48	(56)	138	(210)	6	(6)
<i>b.</i> Squint	T		10	(12)	—	(1)	3	(3)	13	(16)	2	(1)
	O		13	(12)	—	(—)	5	(6)	18	(18)	1	(1)
<i>c.</i> Other	T		1	(2)	3	(—)	1	(5)	5	(8)	—	(2)
	O		—	(4)	2	(2)	7	(8)	9	(14)	—	(—)
Ears—												
<i>a.</i> Hearing ...	T			(6)	—	(1)	3	(5)	3	(12)	4	(2)
	O		55	(55)	5	(5)	16	(15)	76	(75)	19	(12)
<i>b.</i> Otitis Media	T		7	(2)	2	(2)	4	(2)	13	(6)	2	(1)
	O		59	(52)	4	(1)	30	(13)	93	(66)	11	(9)
<i>c.</i> Other ...	T		2	(1)	5	(—)	10	(4)	17	(5)	1	(—)
	O		12	(18)	2	(1)	12	(10)	26	(29)	2	(5)
Nose and Throat	T		4	(7)	—	(3)	3	(1)	7	(11)	2	(3)
	O		85	(100)	11	(9)	35	(27)	131	(136)	5	(21)
Speech ... ..	T		14	(10)	—	(—)	1	(2)	15	(12)	—	(8)
	O		30	(27)	—	(—)	4	(2)	34	(29)	2	(3)
Lymphatic Glands	T		2	(—)	1	(—)	—	(—)	3	(—)	—	(—)
	O		60	(42)	4	(2)	18	(6)	82	(50)	1	(5)
Heart ... ..	T		1	(2)	—	(1)	—	(1)	1	(4)	2	(1)
	O		14	(9)	4	(3)	11	(6)	29	(18)	1	(2)
Lungs ... ..	T		9	(3)	3	(1)	5	(8)	17	(12)	1	(5)
	O		38	(28)	2	(9)	15	(15)	55	(52)	5	(5)
Developmental—												
<i>a.</i> Hernia ...	T		1	(—)	—	(—)	2	(—)	3	(—)	1	(—)
	O		2	(3)	—	(—)	—	(—)	2	(3)	—	(—)
<i>b.</i> Other ...	T		3	(2)	1	(3)	3	(1)	7	(6)	1	(—)
	O		42	(44)	3	(3)	8	(12)	53	(59)	2	(3)
Orthopædic—												
<i>a.</i> Posture ...	T		9	(16)	12	(13)	44	(28)	65	(57)	7	(9)
	O		3	(3)	—	(—)	5	(6)	8	(9)	—	(1)
<i>b.</i> Feet ...	T		143	(88)	5	(8)	58	(32)	206	(128)	20	(14)
	O		31	(21)	4	(3)	19	(4)	54	(28)	1	(1)
<i>c.</i> Other ...	T		18	(23)	4	(5)	8	(8)	30	(36)	4	(6)
	O		16	(19)	4	(5)	14	(12)	34	(36)	5	(6)
Nervous System—												
<i>a.</i> Epilepsy ...	T		—	(—)	2	(1)	1	(3)	3	(4)	—	(—)
	O		9	(7)	2	(1)	2	(—)	13	(8)	2	(—)
<i>b.</i> Other ...	T		3	(2)	—	(4)	2	(3)	5	(9)	5	(8)
	O		26	(35)	3	(3)	9	(9)	38	(47)	7	(5)
Psychological—												
<i>a.</i> Development	T		1	(—)	—	(1)	2	(2)	3	(3)	—	(6)
	O		27	(43)	3	(6)	18	(14)	48	(63)	5	(37)
<i>b.</i> Stability ...	T		—	(—)	1	(—)	1	(5)	2	(5)	1	(1)
	O		35	(30)	6	(8)	9	(12)	50	(50)	10	(19)
Abdomen ...	T		4	(3)	1	(—)	1	(2)	6	(5)	—	(1)
	O		7	(7)	1	(1)	11	(5)	19	(13)	3	(4)
Other ... ..	T		12	(18)	21	(13)	41	(47)	74	(78)	9	(7)
	O		56	(67)	30	(20)	65	(41)	151	(128)	13	(23)

T Pupils requiring treatment  
O Pupils requiring observation

FIGURES IN BRACKETS ARE 1969 TOTALS

**PART III****TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS.**

(INCLUDING NURSERY AND SPECIAL SCHOOLS)

**TABLE A.—EYE DISEASES, DEFECTIVE VISION AND  
SQUINT.**

	Number of cases known to have been dealt with	
External and other, excluding errors of refraction and squint ... ..	—	(—)
Errors of refraction (including squint) ...	721	(777)
Total ... ..	721	(777)
Number of pupils for whom spectacles were prescribed ... ..	298	(300)

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND  
THROAT.**

	Number of cases known to have been dealt with	
Received operative treatment—		
(a) for diseases of the ear ..	19	(32)
(b) for adenoids and chronic tonsillitis .. .. .	54	(41)
(c) for other nose and throat conditions .. .. .	18	(7)
Received other forms of treatment	—	(1)
Total .. ..	91	(81)
Total number of pupils still on register of schools at 31st December, 1970 (1969) known to have been provided with hearing aids :		
(a) during the calendar year 1970	17	(10)
(b) in previous years .. ..	52	(48)

FIGURES IN BRACKETS ARE 1969 TOTALS

**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

	Number known to have been treated	
(a) pupils treated at clinics or out-patients departments .. .. .	2	(35)
(b) pupils treated at school for postural defects and feet ... ..	579	(592)
<b>Total</b> ..	581	(627)

**TABLE D.—DISEASES OF THE SKIN.**

(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated	
Ringworm (a) Scalp .. .	—	(—)
(b) Body .. ..	1	(2)
Scabies .. .. .	70	(58)
Impetigo .. .. .	19	(19)
Other Skin Diseases .. ..	89	(35)
<b>Total</b> ..	179	(114)

FIGURES IN BRACKETS ARE 1969 TOTALS



**TABLE E.—CHILD GUIDANCE TREATMENT.**

	Number known to have been treated	
Pupils treated at Child Guidance Clinics	107	(93)

**TABLE F.—SPEECH THERAPY.**

	Number known to have been treated	
Pupils treated by speech therapists ..	130	(145)

**TABLE G.—OTHER TREATMENT GIVEN.**

	Number known to have been dealt with	
(a) Pupils with minor ailments .. ..	32	(127)
(b) Pupils who received convalescent treatment under School Health Service arrangements .. ..	—	(1)
(c) Pupils who received B.C.G. vaccination	1,002	(944)
(d) Other than (a), (b) and (c) above.		
Audiometric Examination 5 yr. old sweep ... ..	1,324	(1,200)
Audiometric Centre —		
Special Exams (Drs) ... ..	4	(14)
Peripatetic Teacher ... ..	536	(292)
Re-tests ... ..	173	(289)
Ultra Violet Light Treatment ...	67	(54)
Chiropody ... ..	166	164)
Treatment at Enuresis Clinic ...	43	(40)
<b>Total (a)-(d) ...</b>	<b>3,347</b>	<b>(3,025)</b>

FIGURES IN BRACKETS ARE 1969 TOTALS

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

VISITS

First visit in the calendar year	...	...	...	...	...
Subsequent visits	...	...	...	...	...
Total visits	...	...	...	...	...

COURSES OF TREATMENT

Additional courses commenced	...	...	...	...	...
Total courses commenced	...	...	...	...	...

TREATMENT

Fillings in permanent teeth	...	...	...	...	...
Fillings in deciduous teeth	...	...	...	...	...
Permanent teeth filled	...	...	...	...	...
Deciduous teeth filled	...	...	...	...	...
Permanent teeth extracted	...	...	...	...	...
Deciduous teeth extracted	...	...	...	...	...
Number of general anaesthetics	...	...	...	...	...
Number of emergencies	...	...	...	...	...

Number of Pupils X-rayed	...	...	...	...	...
Prophylaxis	...	...	...	...	...
Teeth otherwise conserved	...	...	...	...	...
Number of teeth root filled	...	...	...	...	...
Inlays	...	...	...	...	...
Crowns	...	...	...	...	...

Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
1 1,285	12 962	23 201	2,448
2 611	13 1,094	24 437	2,142
1,896	2,056	638	4,590

3	64	14	37	25	8	109
1,349			999		209	2,557

4	639	15	1,806	26	951	3,396
5 839	16 105					944
6 512	17 1,507	27 767				2,786
7 731	18 77					808
8 103	19 449	28 88				640
9 1,704	20 364					2,068
10 577	21 254	29 27				858
11 432	22 134	30 15				581

# ORTHODONTICS

New cases commenced during year	38	13
Cases completed during year ...	39	11
Cases discontinued during year ...	40	—
No. of removable appliances fitted	41	19
No. of fixed appliances fitted ...	42	—
Pupils referred to Hospital	43	46
Consultant ...	...	...

# DENTURES

Number of pupils fitted with dentures for the first time :

(a) with full denture ... ..

(b) with other dentures ... ..

Total ... ..

	5 to 9	10 to 14	15 and over	Total
44	—	47	50	—
45	1	48	51	13
	1	10	2	13

Number of dentures supplied (first or subsequent time) ...

46	1	49	10	52	2	13
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# ANÆSTHETICS. General Anæsthetics administered by Dental Officers ...

53	288
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# SESSIONS

Adminis- trative sessions	Number of clinical sessions worked in the year						Total sessions
	School Service			M. & C.W. Service			
	Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education		
50	Y 35	X 944	Z 18	16	2	1,065	
Dental Officers	...	...					

# HANDICAPPED PUPILS — SUMMARY OF POSITION AT 31 st DECEMBER, 1970

Type of Handicap	Number on Register 31st December		Receiving Appropriate Education		(a) Number in Residential Schools (b) Number attending Day Schools		Not in receipt of appropriate education but on waiting list for such	
	M	F	M	F	M	F	M	F
(i) Blind	1	1	1	1	(a) 1	1	(a) —	—
					(b) —	—	(b) —	—
(ii) Partially Sighted	3	1	3	1	(a) 3	1	(a) —	—
					(b) —	—	(b) —	—
(iii) Deaf	1	3	1	2	(a) 1	1	(a) —	1
					(b) —	1	(b) —	—
(iv) Partially Hearing	3	4	3	3	(a) 2	1	(a) —	—
					(b) 1	2	(b) —	1
(v) Educationally Sub-Normal	60	41	54	38	(a) 6	2	(a) 1	—
					(b) 48	36	(b) 5	3
(vi) Epileptic	4	2	4	2	(a) 1	—	(a) —	—
					(b) 3	2	(b) —	—
(vii) Maladjusted	11	3	7	3	(a) 2	1	(a) 4	—
					(b) 5	2	(b) —	—
(viii) Physically Handicapped	17	10	17	9	(a) 4	1	(a) —	—
					(b) 12	8	(b) —	1
							(1 boy educated in hospital)	
(ix) Delicate	23	13	21	10	(a) —	—	(a) 1	—
					(b) 21	10	(b) 1	3















